

Netherton Court Nursing Home Care Home Service

7-11 Netherton Road
Wishaw
ML2 0BP

Telephone: 01698 373 344

Type of inspection:
Unannounced

Completed on:
3 June 2021

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010587

About the service

Netherton Court is situated in a residential area of Wishaw in North Lanarkshire and provides care and support for up to 63 older people with physical and cognitive impairment. It is provided by Thistle Healthcare Limited and is accessible to public transport links routes, local shops and community amenities.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. All rooms provide single en suite facilities with access to communal bathrooms, dining rooms and lounges on each floor. The ground floor provides access into a well maintained, enclosed garden area with seated areas for residents and visitors to use.

The service states its aims and objectives are to "ensure that residents, including those who live with dementia are supported in a person-centred environment, feel valued and respected as individuals. We acknowledge that people may experience levels of frailty, however our aim is to support you to manage your symptoms and improve your quality of life as well as promoting your independence".

At the time of this inspection there were 42 people living in Netherton Court.

What people told us

We spoke with residents as we walked around. They told us they were mainly happy living there, they were well looked after, food was good, there was nothing to do.

We spoke with a visitor who thought the home had been excellent throughout lockdown, staff had been brilliant and had kept her up to date with what was happening with her loved one.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our leadership?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership? 2 - Weak

We attended shift handover meetings which were brief with little health and welfare information discussed such as residents fluid intakes. This was an opportunity to remind staff about which residents need prompting and encouragement to have regular drinks throughout the day. Discussion would promote better hydration which is beneficial to people's health and wellbeing.

We attended a daily briefing when the manager met with staff from both units to ensure she was kept up to date with what was happening in the home. However we noted that crucial information was not communicated to the manager at this briefing including issues with the medication supplies. This meant the manager could not take actions to resolve the issue of out of stock medication.

(area for improvement)

The quality assurance system provided a monthly overview of risks such as weight loss and falls. However we found the reports were not reflective of current identified risks as the necessary information had not been entered into the system.

Nursing staff were responsible for submitting the information into the system but due to nursing vacancies and the use of agency nurses this was not up to date. This meant the manager did not have an overview of the risks within the home and what actions were needed to minimise risks. This compromised the health, safety and welfare of the people who lived in the home.

(Requirement 1)

Requirements

1. In order to ensure there is a clear overview of what is happening in the home the provider must maintain a robust quality assurance system by 17 September 2021.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

It is also necessary to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland Regulations 2011

Areas for improvement

1. Systems of communications between staff and management should be improved.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that is well led'(HSCS 4.23)

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection area was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We also wanted to ensure that people experienced high quality care and support that was right for them.

People who lived in the home were supported by staff who knew their preferences and choices. We observed some good interactions between staff and people who lived there with residents treated with respect.

During lockdown people had been encouraged and supported to keep in touch with their families and in-door visits were now taking place following Scottish Government 'Open with Care' visiting guidance. Dedicated staff organised visits and completed appropriate checks to help keep people safe.

People seemed to have little to do as we observed few activities taking place during both days of inspection. Residents were asleep in chairs unoccupied with only the television or radio for stimulation. There were a number of residents who stayed in their room with little interaction with staff. The way people spend their days should be meaningful and give a sense of purpose. An activity plan, developed from people's wishes and preferences, would provide opportunities to engage and help prevent isolation. However there was no evidence of planned activity.

People should be able to use an appropriate mix of private and communal areas, including accessible outdoor space with social distancing measures being in place. However, poor use of outdoor space meant people from upstairs were not supported to use the garden. Regular opportunities to be outside should be encouraged to promote good mental health and wellbeing. (Requirement 1)

We were unable to determine how nutritional needs and weight loss were being managed as care plans were not up to date and lacked detail. Two care plans sampled did not include any plan to support nutrition needs although both people had lost weight. There was a lack of clear guidance and direction for staff to follow.

A food chart should be used to monitor how much someone eats throughout the day when there are concerns about weight loss. Not everyone who required a food chart had one. This meant there was no clear picture of their daily food intake to evidence if their nutrition needs were being met.

We asked the service to consider providing equipment and resources to enable staff to offer hot drinks and snacks to people when they get up in the morning. Currently only cereal was provided until 10.00am when the food trolley was available. This is too long to wait from supper the previous night, especially for people who are frail and losing weight. We were assured this would be done immediately.

Mealtimes were task driven and a poor experience for people. There were no visual choices offered and minimal engagement with people as the food was generally placed in front of them as staff went to serve someone else. (Requirement 2)

Management of medication was a concern as we found episodes of out of stock medication and instances when the full prescribed daily doses were not administered. This has the potential to seriously impact someone's health and wellbeing. (Requirement 3)

Anticipatory care plans were poorly completed. This meant that people's decisions and wishes for their end of life care were not recorded. This may lead to care and support at end of life that does not reflect the persons choices. (Area for improvement)

We could see steps had been taken to implement social distancing measures within some of the shared spaces in the home. However, we have asked the provider to consider how to extend the use of the dining room to accommodate more people. There were few people eating there due to social distancing, yet this would improve the dining experience, provide opportunities for socialising and would encourage people to move from one room to another.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Social distancing was being supported and encouraged by staff. Tables and chairs were set out to ensure people could sit in communal areas safely.

The home was clean with enhanced cleaning schedules in place. Bedrooms were tidy and uncluttered making cleaning easier. Mattresses that were inspected were clean.

Domestic staff used appropriate cleaning fluids and had received training in the correct use of these. The management of laundry was good and met infection prevention and control standards. These contributed to the overall safety of the environment.

However there was a lack of meaningful monitoring of staff carrying out infection control precautions, such as cleaning of frequently touched surfaces when domestic staff were absent. A large number of gaps in recordings meant that people could not be assured that this cleaning had been carried out.

Although there was plenty of Personal Protective Equipment (PPE) available in the home the PPE stations need to be kept stocked to give staff easy access to this. The PPE also needs to be stored safely and securely in the PPE stations.

The clinical waste bins need to be replaced by pedal bins. This would let staff dispose of their used PPE without touching the bins, reducing cross infection.

The provider should consider increasing the amount of mounted hand sanitisers. This would give more opportunities for people to clean their hands regularly. (Area for improvement)

Although staff could describe how shared equipment such as hoists were cleaned there was no evidence of this taking place. This cleaning helps prevent cross infection and promotes good infection control. There should be individual slings available, and these should not be shared to help prevent the spread of any infections. The management team assured us that more slings and pedal bins were ordered. (Area for improvement)

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

A contingency plan had been developed in the event of an outbreak with a number of staff absence. This detailed how the service should respond to ensure staffing levels were maintained at a safe level to meet people's needs. This had been regularly reviewed to ensure it remained relevant and up to date.

Staff we spoke with were cheery and committed to doing a good job. They were caring and respectful and residents looked comfortable and relaxed in their company. Staff were working hard and there was good team work.

Staff had completed appropriate training in relation to infection prevention and control procedures and the management of COVID-19. This training meant staff were knowledgeable and informed about COVID-19 and current guidelines. There was some inconsistency in practice with regards to hand cleansing between tasks and touching of masks. There was no evidence of staff practice being observed. This would provide opportunities for staff to demonstrate what they had learned and would ensure they were competent to safely support residents. (area for improvement)

People who use services have the right to have their needs met by the right number of staff who have time to support and care for them and to speak with them. We were concerned that people's health and wellbeing needs were not being fully met, as care staffing levels were not sufficient on night shift. There were two floors with two staff on each floor overnight including a nurse who had to administer medication on both floors. While the nurse was carrying this out there was one staff member available on the top floor to assist people and monitor the communal areas.

There were also a number of residents on the ground floor who required the assistance of two staff for their support. When two staff were assisting someone there were no other staff members remaining in the ground floor unit. This meant people living in the home could not be adequately monitored as they moved around.

Staff availability for activities needs to increase in order to provide a stimulating environment. We spent time observing interactions between staff and residents and found these were warm and friendly with easy chat. However, individual interactions with residents were limited due to staff having to meet the physical care needs of people. Staff did not spend quality time with residents as they were constantly busy completing tasks which left little time for 1-1 meaningful activities. This may increase residents' feelings of isolation. (requirement 4)

Requirements

1. In order to ensure residents receive appropriate care and support the provider must by 17 September 2021:
 - a) provide opportunities for all residents to have access to the garden.;
 - b) provide residents with regular opportunities to move position;
 - c) provide a range of meaningful activities for people living in the service

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19) and in order to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. In order to ensure residents nutrition needs are met the provider must by 17 September 2021
 - a) Ensure all residents who have lost weight have a plan of care to support their nutritional needs
 - b) Ensure residents have regular weights recorded when this is appropriate
 - c) Ensure MUST scores are calculated and recorded accurately
 - d) Ensure monthly evaluations are reflective to ensure plan is effective
 - e) The dining experience is improved

This is to comply with: Health and Social Care Standards (HSCS) 1.15: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.';

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS1.34)

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS 1.35) and in order to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. In order to ensure resident's health and wellbeing needs are being met the provider must by 17 September 2021 improve the management of medication.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19) and in order to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

4. In order to ensure residents have their support and care needs fully met the provider must ensure there are adequate numbers of staff on all shifts by 17 September 2021

This is to ensure care and support is consistent with the Health and Social Care Standard 3.15 which states 'My needs are met by the right number of people.'

It is also necessary to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The provider should develop end-of-life care plans for all residents which fully reflect the wishes and choices of the individual.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15) and 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7)

2. To enhance existing Infection Prevention and Control measures the provider should ensure the following,

- There are sufficient PPE stations available at point of need.
- Pedal bins are used for the disposal of clinical waste bins.
- There are sufficient hand sanitiser dispensers available, particularly at entrances and exits of units.
- Recordings of staff carrying out infection control precautions are monitored.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

3. The provider should ensure that staff follow current Infection Prevention and Control guidance regarding maintaining the cleanliness of shared equipment. This includes, but is not restricted to, moving, and assisting equipment.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

4. The provider should further develop the systems to monitor and assess staff practice. This includes, but is not restricted to, Infection Prevention and Control procedures.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The manager should provide staff with training on how the dependency tool works and how the service calculates the dependency levels and uses this to inform staffing levels. The current tool should be reviewed and adapted to take into account the social and recreational need of individuals. Including those in communal lounges or who choose to remain in their rooms. This should include the level of intervention from staff when managing stress and distressed behaviour, additional activity or end of life care.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards 3.15. 'My needs are met by the right number of people' 3.16 'People have time to support and care for me and to speak to me'.

This area for improvement was made on 4 July 2019.

Action taken since then

not assessed at this inspection

Previous area for improvement 2

The provider should review the environment to ensure that the facilities available are appropriate and help to maintain people's independence, taking into account the lighting, signage and furnishings in order to create a more homely environment for people to live. How residents can access other areas of the home and garden should be reviewed to encourage mobility and access fresh air when they choose.

This is to ensure a high quality environment and is consistent with the Health and Social Care Standard 5.22 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. 5.23 'If I live in a care home, I can use a private garden'.

This area for improvement was made on 4 July 2019.

Action taken since then

not assessed at this inspection

Previous area for improvement 3

As the service moves forward with transferring the current care plans to electronic copies they should consider how to improve the content of these to ensure they are more outcome focused demonstrating individual choice. The plans should be up to date with the most current information recorded followed by updates and evaluations reflective of the care plan. More detail on medical conditions and how staff should manage these effectively will improve these further.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.15 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'.

This area for improvement was made on 4 July 2019.

Action taken since then

There is on-going work to improve care plans. As identified in requirement two of this report nutritional plans were not up to date. This will be part of the follow up inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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